



Mental Health and Disability Services Redesign 2011

Service System Data & Statistical Information Integration Meeting Minutes

Friday, March 30, 2012

11:00 am – 2:00 pm

Iowa State Association of Counties (ISAC)

5500 Westown Parkway, Suite 190

West Des Moines, IA 50266

MINUTES

Attendees: Karen Walters Crammond, Polk County Health Services; Karen Dowell, Black Hawk County; Jill Eaton, Marshall County; Gina Fontanini, ISAC; Kevin Gabbert, Iowa Department of Public Health; John Grush, Boone County; Cindy Kaestner, Abbe Center for Community Mental Health; Todd Lange, consumer; Sue Novak, Linn County; Eric Preuss, Iowa Department of Public Health; John Severtson, Opportunity Village; Sam Watson, ISAC

Co-Chairs Present: Rick Shults, MHDS Division Administrator; Robin Harlow, ISAC

DHS Staff: Joanna Schroeder, Lauren Erickson

Opening remarks from Rick Shults regarding SF 2315:

- Senate File 2315, known as the Redesign Bill, has been passed by the Senate.
- The legislative process is continuing and policies are very nearly agreed to by both chambers.
- The House is working in consultation with the Senate to arrive at decisions both chambers can accept.
- There are still issues on how Regions will be formed and the timelines for formation. The process has been amended in the House version.
- There are also amendments for certain types of credentialing and an amendment for sub-acute care.
- The challenge is how this will be funded. There is still a need for the \$125M currently available through local property tax and additional funding to make this work.
- Although the timelines may be pushed back, there is still great interest in gathering shared data.

Charter of Service System Data & Statistical Information Integration Workgroup:

The first part of the charter of the workgroup identified in SF525 talks about working in coordination with the legislative committee, other relevant workgroups, Department of Human Services (DHS), Iowa Department of Public Health (IDPH), and Iowa State Association of Counties (ISAC) to develop an integrated data system.

- There will be an Outcome and Performance Measures Workgroup formed if SF 2315 passes and in many ways this group will be complimentary to your work here.
- We have seen a presentation of the existing CSN system and this needs to be a central point of the conversation. We need to learn how all of their hard work can be integrated into the system.
- What are some of the goals you want to achieve?
 - Building on what exists and not designing something that would force everyone to replace what already exists.
 - Is integration what they want to accomplish or are they trying to align current systems?
 - Be able to take this information and better use it to allocate our resources.
 - No undue burden on the consumer for the collection of and reporting of the data, nor to providers.
 - Being able to respond to national requests for information.
 - What are expectations of SAMSA and what might be coming down from the federal level that will have influence?
 - Not collect any more data than we use and use the data that we collect.
 - Whatever we're collecting, any data system can pull out and report – compatibility of systems.
 - IME is bidding on new systems. We need to make sure they are not building a system that already exists.
 - Data has to be timely.
 - How is the data going to be linked? By provider, individual? Is there a unique identifier so we don't duplicate data and then how do we share this data and who has access to it?
 - The data is alive and ongoing; it's organic. We need to keep it current and don't let it stagnate.
 - Need to have some process to ensure data integrity.
 - Need regular feedback loops.
 - We need to have discussions on implications of compliance, non-compliance.
 - Who reports and who isn't reporting?
 - We need a system that gives an opportunity to do data analysis at any level...consumer, provider, region, state.
- We need to be actively working to make sure there is a single application that we can all utilize in some form or fashion that stays up to date so people don't have to fill out forms at various points in the system.
- This does bring the Balancing Incentive Program (BIP) into the conversation. The BIP is a process by which the state makes commitments to the federal government that they are going to balance the expenditures between community-

based and institutional-based services. For the community, we would receive 2 percent more money for 3 years if we bring them in to balance. On a federal level, Iowa is considered out of balance. Somewhere in the budgeting in the next several years we need to rely on getting that additional federal funding.

- Are you talking about the data system branching out? No, just that a single application is one of the provisions of BIP.
- Data should have some indicator on an outcome for a person. At the end of the road, is the person better? It fits with several of the bullets we are talking about and the Outcomes workgroup.
- Systems we develop could be used for multiple persons: one could be outcomes, services, etc.
- What functionalities go into the big system and what stays back in the individual systems? We can envision a data warehouse. What data needs to be combined from all sources and then what functionality will need to be developed?
- A specific example would be ISIS. We need to pinpoint redundancies in the data. Identify the data entry points and make sure we can share the information as we move forward. It's trying to get more of a 360 degree view of the client and see what services are out there. Goes back to the dashboard concept.
- One thing that wasn't raised here to think about is developing a system that is forward thinking. We're working really hard to do away with legal settlement. If the bill passes and we have residency, it changes things slightly.
- It's the integration of data already out there that will help the transition happen more smoothly.
- With forward thinking we'll also need to be more flexible. In the week Congress has its hearing on the Affordable Care Act (ACA) we need to be flexible to go either way.
- Some things we need to recognize in terms of forward thinking and flexibility is that we need to come up with specific recommendations based on the charter, which you were doing. We also need to be thinking about adding children later as well as other populations, for example persons with brain injury.
- One of the things that have come out of Redesign is a call for us to have two things: data that matters and data we agree on that demonstrates that the public investment we made is resulting in positive things.
- We can take these goals and come back with another draft of the charter and develop a more comprehensive charter.

Coordination with other workgroups:

We have already talked about how this group is going to overlap with other workgroups. We should take some of the key components from this group and share them with the Outcomes workgroup.

- Some of the key aspects to focus on are burden, outcome measures, dashboard indicators, crossover with the new MILS system, and cross over with BIP. We need to keep all this on the table.

Client Identifiers:

As we look at the populations identified here we will need to look at the possibility of a client identifier. Most of our people already have a state ID and a lot of the people we work with are receiving some services through DHS and it's increasingly more difficult for them to get benefits. It would be nice if we could streamline the system and make it easier for them.

- We may find some disagreement with what is in code (in terms of client identifier). The workgroup will be reporting back to the legislature and this is something we can make recommendations on. Very important to have consumer input during this conversation so they know where their information is going. The current system is anonymous unless someone has all of the pieces of that information.

Discussion on Tasks / Organization of Work:

We'll keep adding to the goals as we go along. It will be organic. Moving on to task, some of our goals are tasks, but we need to have a conversation about how to organize our tasks. We can start off with having conversation on having a common unique identifier. What other tasks?

- Good first step is looking at what is there now. What kinds of information are there but also identifying what the output is. What is it as we as a system want to get out? Outcomes, performance measures, etc.
- Once we have a sense of what that is, we should try to identify duplication and try to eliminate that. Also identify where some interfaces need to be established, for example a single application piece.
- We need to identify what current technologies people have and review pros/cons/capabilities, opportunities and limitations.
- We need to identify federal and state requirements for data collection and output.
- When we review the data we need to know how it's collected, what system it is in and how might interface with other systems. We also need a list of what this review needs to contain.
- On the review, are we thinking of going outside the state?
- Not against looking outside the state. It might be more to gather what they're doing rather than looking at what system they have.
- There are a number of states that have allocation methods based on assessment. This is where it would be beneficial to look at. There are 13 states are using one assessment tool.
- Would this be looking more at the process versus the system? Yes?
- This is like looking at results to ensure we know everything we should be looking for.
- Is the purpose of this group to be able to provide a set of guidelines that would be able to be reviewed by a joint group? Do we need to assess what the assessment tool is to make sure we're not over burdening clients, providers and people that will store the information?
- What we're hearing is, as things develop in the future or information comes from other workgroups, there needs to be a set of guidelines and this group needs to be a part of this discussion.

- Maybe a piece of this will be whose data trumps; sort of a hierarchy depending on whom the person is. Since data is in multiple places in the system, who will be responsible for making sure the data is in the system and is accurate?
- One of the group responsibilities may be to identify the ongoing data management process. Not just assessments but also ongoing data like error reports.
- A gap analysis is a typical activity. Obviously we are going to come up with recommendations that will be vetted by others.
- Don't know if meaningful use is applicable here. The other piece that falls under the data management plan is how is that a communicator? Some are using FTP sites, CCD documents, etc. How will this all be integrated and managed? May not go into the data warehouse but still needs to be communicated between everyone.
- Health Information Exchange is separate than ACA and is not being reviewed by the Supreme Court.
- Where do some of the HIPPA implications come in? For example, access to information on themselves, and their ability to impact it or change it?
- In past years we've had these conversations and nothing happened because it was so big – not affordable. We should take small steps.
- We need to create priorities that are doable and affordable and build on these.
- Points of pain – do we need a list of current high level points of pain that will help us prioritize and keep us from getting overwhelmed? At least in the short-term?
- What comes to mind immediately is if legal settlement goes away a county in the short run and Region in the longer run can look at who we pay for now and how will that change so we can have a smooth transition so the consumer doesn't even know there was a change in who pays the bill?
- The other point of pain we keep getting this comment that legislatures are throwing money into a black hole in terms of MHDS. We should close this black hole in terms of data systems.
- Rick Shults: I've been pretty up front in all of my presentations is that we're going to develop and share data and until we start presenting it, it's not going to be right. We're going to work collaboratively together to get what needs to be fixed, fixed.
- Personally, a point of pain is balancing the need to standardize against the need to be prescriptive. Typically, we haven't been able to share data because we haven't standardized but we need to recognize the differences between systems and create a balance. It's impacting our ability to provide information.
- So do we want as points of pain a task to assign to a group of people the creation of a list to share with the group? Great examples of what to think about when we get to that task.
- These are all initial conversations that will continue grow and become refined over time. We have the initial goals we want to accomplish and some preliminary tasks tied to the goals.

Discussion regarding workgroup representation:

Keeping the previous conversations in mind, do we have proper representation here from everyone that needs to be involved? Is there anyone missing from this process?

- Do we need anyone from case management?
- Do we want a recommendation from IME? They could be helpful in the difference between claims data and behavioral data.
- The question that keeps coming up is if there are other state agencies impacted by this?
 - Maybe the Department of Aging?
 - Maybe the Department of Corrections?
 - Maybe the hospital association?
- When you do a data matrix you identify who has or needs information. We could look at it and identify groups down the road.
- If we are focused on publicly funded services, we need to make sure those that receive public funds are involved. Having consumers and providers will ensure we're not going on a tangent and cause that undue burden. As we go on down the road, the use of the data grows broader: DHS, IDPH, Magellan, Corrections, Counties, etc.
- Recap: TCM, IME, Aging, Corrections, and the hospital association. Of this list, who do you think we need to have engaged that we don't have engaged?
- One vote for Aging, Corrections and hospital association and the others we would bring in as we need to.
- One person would rather have IME rather than hospitals – second.
 - In regards to IME, we should be looking for someone who is really in the data claims and eligibility system. Not sure this is one person.
 - We need to figure out how we're going to get IME represented here. We need a person with some expertise in claims, eligibility and policy.
 - One idea is we bring them in as their expertise is needed.
- So what we are hearing is that we are looking at adding three new bodies?

Discussion on timeframes:

The new deadline if SF 2315 passes is December 14, 2012. In addition, we need to discuss coordinating the work of other workgroups.

- We need to have a preliminary report to iron out by Thanksgiving at the latest.
- There will probably be work continuing on past that date.
- Final report due: December 14, 2012.

Discussion on interfacing of groups:

- Outcomes and Performance Measures Workgroup
- People working on BIP
- Children's Workgroup
 - If this group is preparing us to collect children's data, then we might have the data needed already. TASK: Inventory children's data.
- Judicial
 - Could be helpful to have access to the Dept. of Corrections and know if that person has been in the MHDS or substance abuse system.

- There are systems that will track committals and there are three or four counties that are going to start using these systems. This could be something that we could interface in the future.
- We may be a tool for them on how they can access the data.

Interfacing with BIP and Outcomes & Performance Measures Workgroup:

- The initial application will be submitted soon because as I said earlier we're counting on the money. Two states have already been approved. It doesn't take much to get approved but then you have to do the work. You have six months after approval to get the detailed work plan in. We need to ask that group to be thoughtful; get data to us no later than end of August.
- Maybe same is true of outcomes. It's all going to be incremental. We're going to want to get something done. What they give us might not be how we operate in 2017 but I think they could get us something to work with no later than mid-September at the latest.
- Of the two, the most technologically complex will be BIP because it gets into the single application concept.
- Who will be representing BIP? We're not sure yet.
- Could we have more information on BIP so we could get a feel for what they are potentially asking for? It would help guide us.
- We could have an extensive discussion about potential outcomes issues. Should we have this sooner or later?
 - The quantitative data is there but the qualitative data is not there. Once we decide how we're going to manage this, it will determine if we need to add questions to case manager's surveys or what to do with this.
 - There are both indirect and direct measures of QoL. You have some measure of standardization (i.e. I am employed). This can be gathered differently from "am I engaged in the occupation in which I am employed". We need to figure out what we want to measure and then report to Data and ask the question, can this even be measured and if so how? Then take the answers back to Outcomes and with recommendations.
- We need to have definitive information at the latest this fall, but before that time there would be regular feedback loops among the groups: outcomes & BIP.
- It would help to have members overlap between BIP and Outcomes committee because then it is a give and take.

Discussion on strategies and achieving goals/tasks:

What would our future agenda look like and who would be responsible for pieces of that future agenda? One of the critical next steps is a review of current data systems. We need to brainstorm a list of those systems.

- CSN – central data repository is what warehouses all the substance abuse treatment center data for the state. Some counties are reporting into CSN: Polk, Johnson, Scott, and Linn and already reporting into the system.
- ISIS

Discussion on business requirements:

- We have a foggy vision of what our business requirements ought to be. Counties know and providers have an idea, and it would be interesting to hear from consumers on what they think all our business requirements should be. One way to go about it would be to task members of the group to come back and report on what they would have their business requirements to be and start building from there.
- Going back to goals/outcomes, remember we did say we need to be able to quickly adapt to new requirements. Almost a quick look back. So maybe a bit of reverse, in that it's good to identify present wealth is out there so we know where various things are so we know if we want them. We don't always know what we need next year or a few years down the road. A list of potential resources could be useful. We need to produce something that gives us the ability to react to future requirements.
- Also need to know how robust they are and what types of interfaces they have.
- It goes back to the scope of group. Interfacing can be a different discussion than data collection. We can drive back into it in terms of current systems and systems changes that will be needed based on future requirements.
- This is your gap analysis.
- Is it too ambitious to try at our next meeting to have a set of reports on business requirements at the beginning? Keep the presentations short and simple and then during the second part of the meeting have a discussion on current systems. During this conversation try to draw comparisons between current requirements and current systems? Knowing each will be incomplete one without the other?
- Substance abuse has 35 data points they have to report on to SAMSA but they are different than TED's requirements are. What we have, what we need and how do we collect data in the system in the most efficient and cost effective as possible? Methodology will be important.
- Need standardization but flexibility.
- The question when we start talking outcomes is, what is SAMSA (has national outcomes measures - NOMS) saying? Meaningful use has separate outcomes. It seems blurry.

Assignment for system reports:

So for next time we will try to get some reports on systems and on business.

- Need to know what questions you want asked – i.e. what do you want to know?
 - High-level discussion on systems; what do you collect, from whom, what type of system does it go into.
 - Regarding business requirements: What is the data used for? What end results do you want to see out of that data?
 - Once you know what you want to see, what populations do you want to see in that reporting?

- Rick volunteered to do a business report on MHDS/IME/hospitals.
- Eric & Kevin volunteered to do a report on CDR and other data systems being used at IDPH.
- Norm has volunteered to report on the systems IME operates regarding eligibility and claims processing.
- Will ask Dennis to present for Magellan.
- Rick will present on institutional systems.
- Robin has volunteered to report on CSN.
- Karen & Sue will team together to present on county interfacing.

Assignments for business requirements presentations:

What is important for this group to be aware of as we move forward? Present things we should know about the system, including what you are able to pull out of the system today, and how you go about your business that the decisions of this group might affect; especially in terms of undue burden in data collection.

- Eric/Kevin: IDPH
- Rick: MHDS / IME / Hospitals
- John/Cindy: Provider
- Todd/Kris: Consumer perspective; this will be a standalone presentation or reaction to what we hear
- Dennis: Magellan; this will be important because the federal government can be intrusive
- Robin's team / Karen Dowell: will present from the County & Regional perspective
- Karen Walters Crammond will share biz requirements for outcomes

Next steps:

- We will update the charter and send out for review prior to the next meeting.
- Next meeting will be held at ISAC – Friday May 11th from 11 – 2 pm.
- Copies of materials that need to be copied should be sent to Joanna by EOD May 9th. jschroe3@dhs.state.ia.us
- Also, please let Joanna and Gina know what electronic needs (i.e. projector, internet) you have for your presentation by May 9th as well.

For more information:

Handouts and meeting information for each workgroup will be made available at: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.